

**New Jersey Department of Labor
Division of Public Safety & Occupational Safety and Health
Occupational Safety and Health Training Unit**

**Private Company Request for Training
Non-Workforce Development Grantee**

Company: _____

Address: _____ Telephone: _____

_____ FAX: _____

Contact Person: _____ Title: _____

Training Requested: _____

Training services are available to non-Workforce Development grantees who are able to demonstrate that they are providing occupational/vocational training to their employees. Outline the occupational/vocational training you are providing below. Include a brief description of the training and any affiliations you may have with other agencies in providing the training.

I verify that to the best of my knowledge, all of the above statements are true and accurate.

Requester's Signature Title Date

Return Completed Form to: New Jersey Department of Labor
Occupational Safety & Health Training Unit
P.O. Box 386
Trenton, New Jersey 08625-0386 FAX: (609) 943-3325

Department of Labor Use Only

Received: _____ Eligible: Yes / No Trainer: _____

Tracking #: _____ Approved by: _____